St. Stephen the Martyr Parish

Knight's of Columbus

Supplemental Application Info Form

*** *Please use with all New and Transfer membership applications*
***

Full Name: _____

Preferred Phone: _____Email: _____

What Church do you attend? _____

Registered Parishioner ? ___ Yes ___ No

Sacramental Information

Baptized ? ___ Yes ____ No Approximate Age when Baptized: _____

Place of Baptism? _____

First Communion ? ___ Yes ____ No Confirmation ? ___ Yes ____ No

When was the last time you went to the Sacrament of Reconciliation? _____

Please circle one: Single Married Divorced Separated Widowed

If you were married, Were you married by a Catholic Priest? ___ Yes ___ No

Place of Marriage ?_____

Extent you practice your faith? __ Regularly ___Occasionally ___Seldom ___Never

(Applicant must be a practicing Catholic man in union with the Holy See. This means that he accepts the teaching Authority of the Catholic church on matters of faith and morals, aspires to live in accord with the precepts of the Catholic Church and is in good standing in the Catholic Church.)

Signed: _____ Date: _____